MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09800935
APPLICANT(S)
FILING DATE 3-?-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51							
2		✓					52							
3		✓					53							
4		✓					54							
5		✓					55							
6		✓					56							
7		✓					57							
8		✓					58							
9		✓					59							
10		✓					60							
11		✓					61							
12		✓					62							
13		✓					63							
14		✓					64							
15		✓					65							
16		✓					66							
17		✓					67							
18		✓					68							
19	✓						69							
20		✓					70							
21		✓					71							
22		✓					72							
23		✓					73							
24		✓					74							
25		✓					75							
26		✓					76							
27	✓						77							
28		✓					78							
29		✓					79							
30		✓					80							
31		✓					81							
32		✓					82							
33		✓					83							
34		✓					84							
35		✓					85							
36		✓					86							
37	✓						87							
38		✓					88							
39		✓					89							
40		✓					90							
41		✓					91							
42		✓					92							
43		✓					93							
44	✓						94							
45		✓					95							
46		✓					96							
47		✓					97							
48		✓					98							
49		✓					99							
50		✓					100							
TOTAL IND.	5	←		←		←	TOTAL IND.			←		←		←
TOTAL DEP.	45						TOTAL DEP.							
TOTAL CLAIMS	50						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS